

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODHAVEN MANOR (0008722)

Address: 260 N ST AUGUSTINE ST, PULASKI, WI 54162

License Status: REGULAR

Licensed/Certified/Registered 12/01/1999

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095531 **End Date:** 08/18/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007189 Served 09/19/2005

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 83.33(2)(g)3 | CBRF ARRANGE HEALTH VISITS AND DOCUMENT | | |

Survey ID: 0093149 **End Date:** 08/06/2004 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007009 Served 08/18/2004

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 50.065(4m)(c) | COMPLETE BACKGROUND INFORMATION | 10/01/2004 | Yes |
| 83.41(5)(a)2 | DISCLOSURE FORM MEDIUM CBRF TWO BATHROOMS | 07/28/2005 | Yes |

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 09/16/2005 **SOD #**10007189 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.33(2)(g)3

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Complaint History

Date Complaint Received: 05/10/2005

Date Investigation Completed: 08/18/2005

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/19/2005

Date Investigation Completed: 08/18/2005

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 05/03/2004

Date Investigation Completed: 08/06/2004

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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